



Certification of Over-Age Dependent Eligibility Form

Employee ID:		Phone Number:	
Employee/Retiree Name:		Email Address:	
Street Address:		City/State/Zip:	
Dependent Verification			
In accordance with Florida Statute 627.6562, certain children must meet specific eligibility requirements to be covered under the City of Tampa Group Insurance health plan. In the event a claim is denied, it is the subscriber's sole responsibility to establish that the dependent(s) meet the requirements for continued eligibility. Additionally, the City of Tampa may request documentation to ensure that a child meets and continues to meet such requirements. This eligibility provision does not modify any other eligibility requirements. (Please refer to your Plan Document for more information.)			
Children ages 26-30 are eligible to be covered as over-age dependents if:			
➤ They are unmarried, and			
➤ They have no dependent children of their own, and			
➤ They live in Florida or attend school in another state, and			
➤ They have no other insurance.			
Please complete this section for any over-age dependents currently covered under the health insurance plan- All Fields Required:			

Dependent Name	Relationship	Meets All Eligibility Requirements Yes/No	School Attending if Out of State

I understand and agree that any misstatements may result in denial of benefits and/or termination of coverage. Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree pursuant to s. 817.234, Florida Statutes. I hereby affirm and attest that the dependent(s) listed above meet the requirements of eligibility.

Employee/Retiree Signature

Date

Please email or mail to

benefits@tampagov.net
Human Resources/Benefits 5E
306 E Jackson St
Tampa FL 33602